

## HISTORY FACILITY PROFILE

HORIZON HOME HEALTH  
204 WEST 540 NORTH  
OREM UT 84057  
STATE'S REGION CODE: 001

PROVIDER #: 467075  
PHONE NUMBER: (801) 226-1919  
PARTICIPATION DATE: 12/21/1993

TYPE ACTION: RECERTIFICATION  
TYPE FACILITY: OTHER  
TYPE OWNERSHIP: PROPRIETARY

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS

## CURRENT SURVEY REVISIT DATES -

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION
01/1996	05/1998	08/2000	08/02/2001	

## PROGRAM REQUIREMENTS

X	X	STD	G0107-HHA INVESTIGATION OF COMPLAINTS REGARDING TREATMENT/CARE
		STD	G0143-COORDINATION OF PATIENT SERVICES
	X	STD	G0224-WRITTEN INSTRUCTIONS FOR HOME CARE PREPARED BY RN OR THER
	X	STD	G0228-SUPERVISORY VISITS BY RN IF PATIENT RECEIVING SKILLED NUR

TYPE OF DEFICIENCY -----	CURRENT SURVEY -----	PRIOR 1 SURVEY -----	PRIOR 2 SURVEY -----	PRIOR 3 SURVEY -----
CONDITION	0	0	0	0
STANDARD	0	3	1	0
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	0	0	0
HEALTH TOTAL	0	3	1	0

STATUS OF DEFICIENT COPS  
CURRENT SURVEY

	DEFICIENCY NOT CORRECTED -----	DEFICIENCY CORRECTED AFTER APPROVAL -----	REPEAT COP DEFICIENCY -----
COP	0	0	0

## COMPLAINT SURVEY INFORMATION

SURVEY DATE -----	STATUS -----
03/26/2001	UNSUBSTANTIATED
08/02/2001	UNSUBSTANTIATED

## FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION    N=NO DATE GIVEN    P=PLAN OF CORRECTION    R=REFUSED TO CORRECT    W=WAIVED    F=FSSES    X=DEFICIENT  
COP = CONDITION    REQ = REQUIREMENT